

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

347

63-044596

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10550

20495

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94200

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93-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|----------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY LAWRENCE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON | | c. CITY OR TOWN WEBB CITY | |
| Length of stay in 1b 5 days | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM | | d. STREET ADDRESS (If outside, give location) 610 N. WEBB ST. | |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CLARK HARDMAN | | 4. DATE OF DEATH Month Day Year DEC 3 1963 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-22-1894 |
| 9. AGE (last birthday) 69 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocer | | 10b. KIND OF BUSINESS OR INDUSTRY Grocery Store | |
| 11. BIRTHPLACE (City and state or country) WEBB CITY, MO | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME LINCOLN HARDMAN | | 13b. MOTHER'S MAIDEN NAME SARAH SMITH | |
| 14. NAME OF HUSBAND OR WIFE JESSIE MESSICK | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT HOSPITAL RECORD, MO. SS. MT. VERNON, MO | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE POSTERO-LATERAL MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) UNKNOWN | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY INFILTRATION CAUSE UNDETERMINED | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 11-29-63 to 12-3-63 and last saw her alive on 12-3-63 Death occurred at 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. Vernon Lang, M.D. | | 22b. ADDRESS MO. S.S. MT. VERNON, MO. | |
| 22c. DATE SIGNED 12-3-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12/6/1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery | | 23d. LOCATION (City, town, or county) (State) Webb City, Missouri | |
| 24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home | | 25. DATE REC'D. BY LOCAL REG. 12-6-63 | |
| ADDRESS Webb City, Mo. | | 26. REGISTRAR'S SIGNATURE Ray Shantham | |

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer :

Signed

Richard H. Lawo

Licensed Embalmer No.

4403

P. O. Address

Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.